



"Scaling Up" Housing First in Canada

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FEANTSA

POD MAATSCHAPPELIJKE INTEGRATIE
BETER SAMEN LEVEN
SPP INTÉGRATION SOCIALE
MIEUX VIVRE ENSEMBLE



STEUNPUNT
ALGEMEEN WELZIJNSWERK



ΙΣΝ/SNF
ΔΡΥΜΑ ΣΤΑΥΡΟΣ ΝΙΑΡΧΟΣ
STAVROS NIARCHOS
FOUNDATION

6 Loterie
Nationale
Loterij

.be

Outline



- Project findings and outcomes
- Inter-sectoral collaboration
- Integrated Knowledge Translation
- What are we doing now?
- Sustainability strategy
- Scaling up and scaling out
- Results: The story
- Critical influences
- Final summary of lessons learned

At Home/Chez Soi: Participants



- 2,148 participants (1,158 in Housing First; 990 in Treatment as Usual)
- 62% High needs; 38% Moderate needs
- Primarily middle-aged
- Average lifetime homelessness was 4.8 years
- Participants face multiple challenges
 - Mental health and health issues
 - Income, employment and education
 - Involvement in criminal justice system



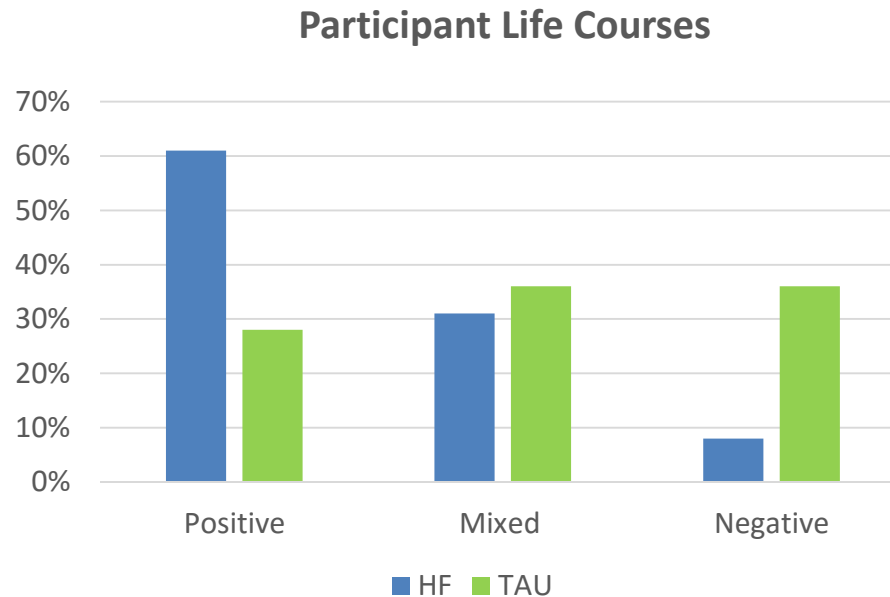
My Kitchen

Key Findings

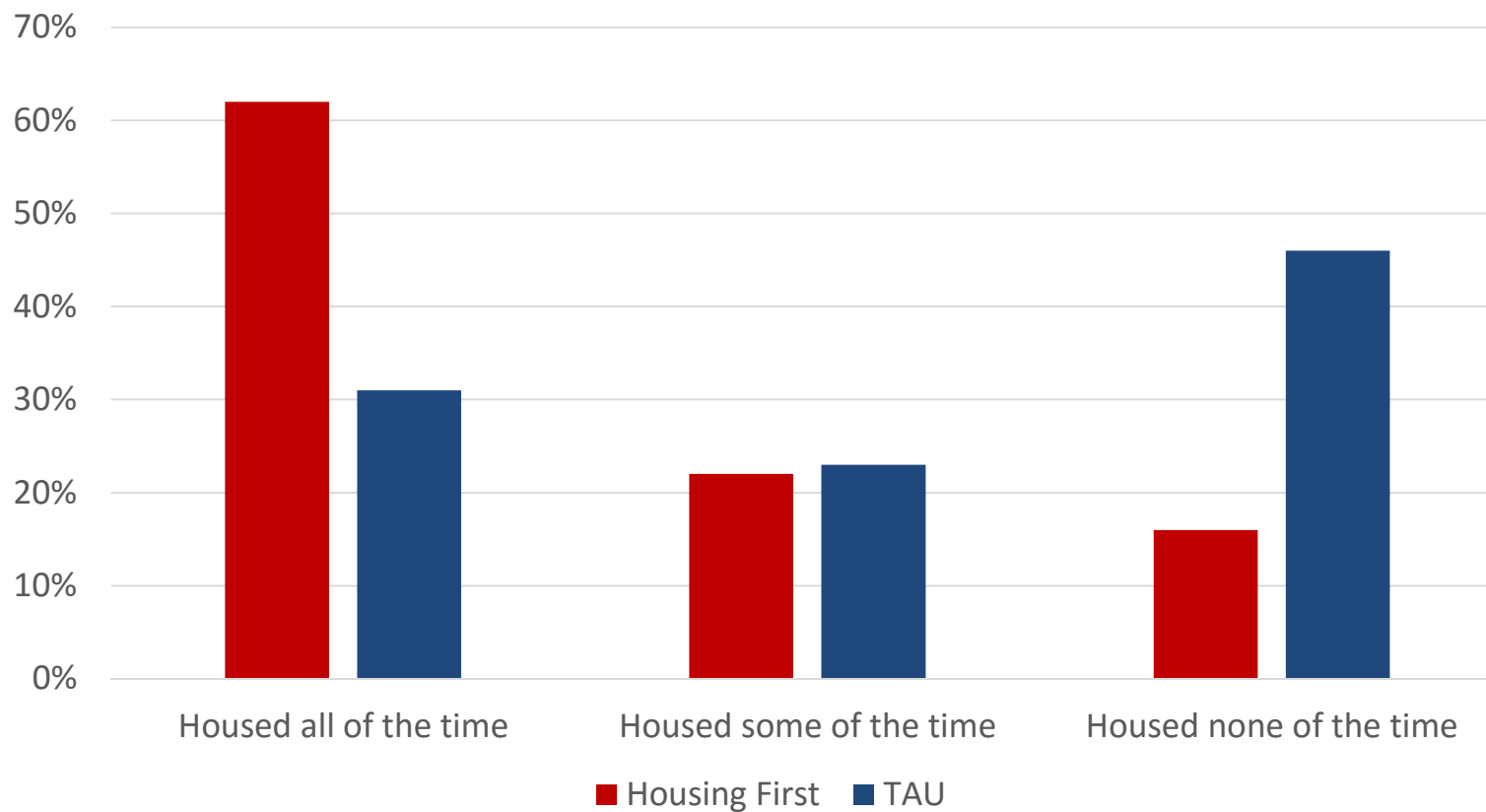


Housing First:

- rapidly ends homelessness
- is a sound investment
- can lead to other positive outcomes, and
- can change lives



A Higher % of HF Participants Stably Housed All the Time in Last 6 Months of the Study



Social and Health Outcome Findings



HF participants reported greater improvements in:

- ☐ Community Functioning
- ☐ Quality of Life

Both groups reported improvements in:

- ☐ Substance use
- ☐ Mental health

Both groups maintained their physical health



For Sky



Economic benefits

- Over the two-year study period it was found that:
 - \$10 CAD invested in HF with ACT saved \$9.60 CAD
 - \$10 CAD invested in HF with ICM saved \$3.42 CAD
- For the 10% who had the highest costs at study entry, every \$10 invested in HF saved \$21.72
- Cost savings included hospitals, shelters, jail or prison



Summary of Key Findings



1. Housing First is doable in Canadian cities
2. Fidelity to a Housing First model is essential
3. Housing First can rapidly end homeless
4. Housing First produces other positive outcomes
5. Housing First makes good use of public dollars
6. A small minority of individuals present with additional needs and fail to settle in HF



Need for Inter-Sectoral Collaboration



“evidence of effectiveness alone is rarely enough to ensure adoption of interventions” (Leff & Muklern, 2002)

- Housing First is a system intervention – multiple components and sectors
- Relationships are key
- Need to do things differently, foster collaboration
- Support learning together
- Importance of a local change agent/facilitator
- Consider long-term sustainability and system change



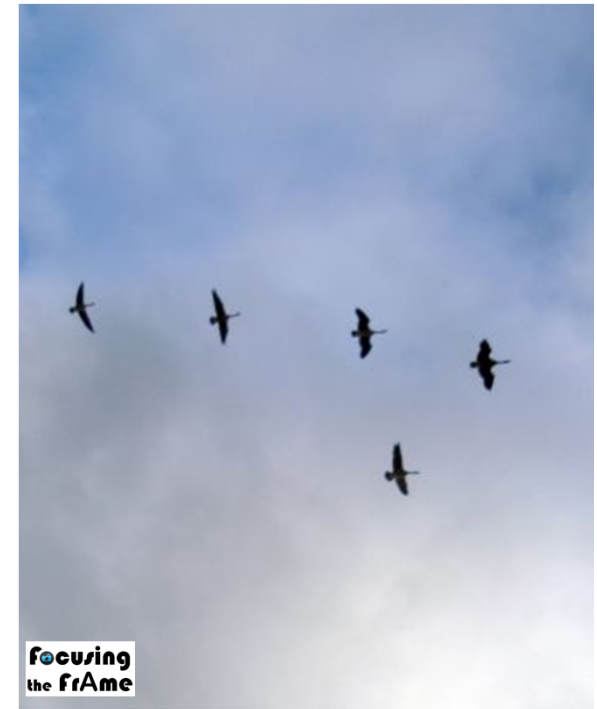
The Tree of Life...

Inter-Sectoral Collaboration – What we learned



- Common goal and expert facilitation keeps process on track when conflicts arise
- All players have to be willing to collaborate, compromise and tolerate ambiguity
- It takes time (and patience) to convince skeptics and build trust
- PWLE involvement was KEY

“At its core, the process of bringing an intervention to the public is in some part a matter of social conflict and construction.” Bell, 1998



Geese

What Happened After the At Home / Chez Soi (AHCS) Research Demonstration Project ?



- Model evidence-based programs sometimes
 - cease to exist after the demonstration phase
 - have little impact on policy
 - are not widely adopted in new settings
- Creating a “research-practice gap”
- Which has led to the development of Integrated Knowledge Translation (IKT) to reduce this gap

Goals of Integrated Knowledge Translation in AHCS



- **Sustainability** – support the sustainability of AHCS programs
- **Contribute to International Awareness** of research findings about implementation and outcomes of Housing First (HF)
- **Scaling Up** (Westley et al., 2014) – transform policy and practice for people who are homeless and living with mental health issues
- **Scaling Out** – expand HF to other settings in Canada

Integrated Knowledge Translation



“Evidence of effectiveness alone is rarely enough to ensure adoption of interventions” (Leff & Mulkern, 2002)

- IKT involves ongoing exchange and linkage with decision-makers
- IKT requires allegiance to research and participatory principles
- Research requires orderly, phased process of scientific investigation
- Participation requires that the interests and values of various groups in public systems be reflected

Key Strategies for Integrated Knowledge Translation During the Demonstration Project



- Build HF literacy and competency in the field – creation of on-line *Canadian Housing First Toolkit*; National Film Board production of *Here at Home*
- Ensure broad engagement in AHCS HF implementation and findings – Interim Findings and Final Report
- Build national linkages to address homelessness and affordable housing issues – National Working Group
- Involve Persons with Lived Experience throughout the process

Key Strategies for Integrated Knowledge Translation During the Demonstration Project



- National and Site Sustainability Committees
- Assistance from Government Relations Committee of the Mental Health Commission of Canada (MHCC)
- Comprehensive briefings of government of Canada, including the Prime Minister's Office, and the provincial governments that hosted the 5 AHCS sites
- Framing the “ask” as one year of transitional funding from the federal government

What are we doing Now?



- Since At Home/Chez Soi there has been increased HF adoption across Canada
 - In April 2014, the Federal government invested \$600million to renew it's Homelessness Partnering Strategy towards HF
 - Other provinces and territories have shifted towards HF
- We have continued to help build HF capacity through a *Training and Technical Assistance Program* (in-person training to 18 communities across Canada) and the *Housing First Toolkit*

<http://www.housingfirsttoolkit.ca/>



What are we doing Now?



- Over 100 peer reviewed publications (published or in press)
- Range of reports (Final Report, Site reports, qualitative reports)
- National Film Board – *Here at Home*

One-Year Outcomes of a Randomized Controlled Trial of Housing First With ACT in Five Canadian Cities

Tim Aubry, M.A., Ph.D., Sam Tsemberis, Ph.D., Carol E. Adair, M.Sc., Ph.D., Scott Veldhuizen, M.A., David Streiner, Ph.D., Eric Latimer, Ph.D., Jitender Sareen, M.D., Michelle Patterson, Ph.D., Kathleen McGarvey, M.D., Brianna Kopp, M.P.H., Catharine Hume, M.H.Sc., Paula Goering, R.N., Ph.D.

Objective: Housing First is a groundbreaking approach to ending chronic homelessness among people with mental illness. This article presents one-year findings from a multi-site randomized controlled trial (RCT) comparing Housing First with treatment as usual.

Methods: The study was a nonblind, parallel-group RCT conducted in five Canadian cities. A sample of 950 high-need participants with severe mental illness, who were either absolutely homeless or precariously housed, was randomly assigned to Housing First (N=469) or treatment as usual (N=481). Housing First participants received a rent supplement, assistance to find housing, and assertive community treatment. Treatment-as-usual participants had access to all other existing programs.

Results: At one-year follow-up, 73% of Housing First participants and 31% of treatment-as-usual participants resided

in stable housing ($p < .001$, odds ratio = 6.35, covariate adjusted difference = 42%, 95% confidence interval [CI] = 36%–48%). Improvement in overall quality of life was significantly greater among Housing First participants compared with treatment-as-usual participants ($p < .001$, d = .31, CI = .16–.46). Housing First participants also showed greater improvements in community functioning compared with treatment-as-usual participants ($p = .003$, d = .25, CI = .09–.41).

Conclusions: Compared with treatment as usual, Housing First produced greater improvements in housing stability, quality of life, and community functioning after one year of enrollment. The study provides support for adopting Housing First as an approach for ending chronic homelessness among persons with severe mental illness, even if they are actively symptomatic or using substances.

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Over the last three decades, homelessness has emerged as a significant social problem in Canada and the United States (1–4). The prevalence of chronic general medical problems, mental illness, and addictions and the associated acute care costs are significantly higher among homeless populations compared with the general population (5–7).

The predominant program model for reducing homelessness among persons with severe and persistent mental illness and other medical conditions can be characterized as a continuum of services in which individuals progress through shelters, transitional housing, and, eventually, permanent housing. The aim of this approach, often referred to as “treatment first,” is based on the assumption that individuals must be stabilized before being housed. Research indicates that treatment-first programs can be effective in reducing homelessness among clients who follow the programs’ treatment regimens (8,9). However, this approach has shown limited success among clients who encounter obstacles to treatment adherence. Such individuals tend to remain homeless and have extensive contact with emergency rooms, detox centers,

criminal justice institutions, or other acute care systems, or they may stay disengaged from services (6).

Pathways to Housing, an organization located in New York City, developed an alternative program for this population called “Housing First” (10). Founded on the principles of psychiatric rehabilitation and consumer choice, Housing First offers immediate access to housing and community support without requiring participation in treatment or sobriety as preconditions.

Studies to date indicate that Housing First programs that include recovery-oriented assertive community treatment (ACT) are a promising approach (8,9,11). Compared with recipients of standard care—often a continuum of residential settings—recipients of Housing First obtained housing earlier and remained stably housed longer, showed greater reductions in use of health and social services, and reported higher levels of quality of life (8,9,11). However, the evidence base for the effectiveness of Housing First remains limited, consisting of published research from two small trials conducted in New York City and five quasi-experimental studies

Psychiatric Services 66:5, May 2015

ps.psychiatryonline.org 463

Research

Original Investigation

Effect of Scattered-Site Housing Using Rent Supplements and Intensive Case Management on Housing Stability Among Homeless Adults With Mental Illness: A Randomized Trial

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IMPORTANCE: Scattered-site housing with intensive case management (ICM) may be an appropriate and less costly option for homeless adults with mental illness who do not require the treatment intensity of assertive community treatment.

OBJECTIVE: To examine the effect of scattered-site housing with ICM services on housing stability and generic quality of life among homeless adults with mental illness and moderate support needs for mental health services.

DESIGN, SETTING, AND PARTICIPANTS: The At Home/Chez Soi project was an unblinded, randomized trial. From October 2009 to July 2011, participants (N = 1198) were recruited in 4 Canadian cities (Vancouver, Winnipeg, Toronto, and Montreal), randomized to the intervention group (n = 689) or usual care group (n = 509), and followed up for 24 months.

INTERVENTIONS: The intervention consisted of scattered-site housing (using rent supplements) and off-site ICM services. The usual care group had access to existing housing and support services in their communities.

MAIN RESULTS AND MEASURES: The primary outcome was the percentage of days stably housed during the 24-month period following randomization. The secondary outcome was generic quality of life, assessed by a EuroQol-5 Dimensions (EQ-5D) health questionnaire.

RESULTS: During the 24 months after randomization, the adjusted percentage of days stably housed was higher among the intervention group than the usual care group, although adjusted mean differences varied across sites.

Study City	Adjusted % (No. of Days Stably Housed/No. of Days With Housing) Intervention Group	Usual Care Group	Adjusted Mean Difference, % (95% CI)
A	62.7 (417.3/663.0)	29.7 (189.2/621.6)	33.0 (26.2–39.8)
B	73.2 (491.5/653.4)	23.6 (157.0/606.8)	49.5 (41.1–58.0)
C	74.4 (506.7/678.1)	38.8 (251.2/626.2)	35.6 (29.4–41.8)
D	77.2 (520.4/651.5)	31.8 (223.1/649.1)	45.3 (38.2–52.3)

The mean change in EQ-5D score from baseline to 24 months among the intervention group was not statistically different from the usual care group (60.5 [95% CI, 58.6 to 62.5] at baseline and 67.2 [95% CI, 65.2 to 69.1] at 24 months for the intervention group vs 62.1 [95% CI, 59.9 to 64.4] at baseline and 68.6 [95% CI, 66.3 to 71.0] at 24 months for the usual care group, difference in mean changes, 0.10 [95% CI, –2.92 to 3.13], P = .95).

CONCLUSIONS AND RELEVANCE: Among homeless adults with mental illness in 4 Canadian cities, scattered-site housing with ICM services compared with usual access to existing housing and community services resulted in increased housing stability over 24 months, but did not improve generic quality of life.

TRIAL REGISTRATION: isrctn.org Identifier: ISRCTN42520374

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Author Video Interview and JAMA Report Video at jama.com
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At Home/Chez Soi Sustainability Strategy



- “Think about sustainability from Day 1”
- Did we have a strategy? Not so much...
- Adopt Integrated Knowledge Translation approach
- Engaging researchers in various stages of research process
 - National Working Group
 - Site Advisory Committees
- Engagement increases relevance and buy-in to results

Understanding Sustainability of the Initiative



- Site level: sustainability of services
- Federal level:
 - ❖ ensuring “safe landing” of project
 - ❖ policy impact of AH/CS at federal level
 - ❖ **Homeless Partnering Strategy – HPS**
- An opportunity to examine specific research questions:
 - ❖ What strategies contributed to federal-level sustainability?
 - ❖ What was the role of the the key stakeholders in the this process?
 - ❖ In general, how do research results make their away into policy?

Discussion: Conceptual Implications



Policy streams theory:

- Convergence of **P**roblems, **P**olicy Ideas, and **P**olitics

Problem: what to do about At Home/Chez Soi? (HF works but people may lose housing)

Policy Idea: shift Homelessness Partnering Stream towards Housing First

Politics: framing of findings; having powerful allies, both external and internal to gov't



Timing is everything...

- A window of opportunity for policy change opens up with the federal government review of its Homelessness Partnering Strategy (HPS) program whose funding term expires in 2014
- In the March, 2013 federal budget, the Canadian government renews and repurposes HPS, calling for a shift in funding to HF
- Big 10 Canadian communities, which receive 80% of HPS funding, are to allocate 65% of funding to HF
- The 51 smaller communities and Aboriginal communities are to allocate 40% to HF
- \$600 million is allocated for the 5-year renewal, 2014-19

Scaling Out HF Across Canada



Training and Technical Assistance (TTA) – MHCC
commits funding to a 3-year project (2013-16)

- HF founder, Dr. Sam Tsemberis, hired to lead the TTA
- 18 Canadian communities received training that included:
 - An initial training in the basics of HF for a wide range of community stakeholders in housing, mental health, justice, etc.
 - A second training that focused on HF skills and was aimed at HF teams
 - A fidelity assessment to determine the degree to which programs adhered to HF principles; used for self-improvement
 - Telephone consultation

Results: The Story



- **The context:** impending end of AH/CS project
- **The emotional climate:** stress, uncertainty and urgency
- **The challenge:** how to ensure “safe landing” before final results in context where no single point of accountability for homelessness
- **The key players:** AH/CS leadership; MHCC GR; Senator Kirby; government decision-makers, champions and go-betweens
- **The strategy:** Integrated KT; interim report; brief up and down; federally & provincially; access key insiders

Results: The Story



Some Key events/turning points:

- ❖ **Jan 2011:** establishing Sustainability Task Force
 - ❖ May 2011: Federal Election
- ❖ **Aug 2011:** learning that feds wouldn't continue funding beyond end of project
- ❖ **Dec 2011:** MHCC decision to get GR department involved
- ❖ **New Year 2012:** draft interim results become available
 - ❖ "Full-court press" briefings begin, positive turning points include:
 - ❖ **Post-election 2011 :** briefing of Diane Finley, federal Minister responsible for homelessness
 - ❖ **Spring 2012:** advice from PMO staff (former HRSDC political staffer):
"don't give me a project that's going to require additional investment in homelessness, give me a project that reforms government spending in an inefficient existing program "

Results: The Story



The resolution:

- ❖ **June 2012:** Senator Kirby meets with provincial Deputy Ministers
- ❖ **August 14 2012:** letter from provinces proposing bi-lateral agreement
- ❖ **August 14, 2012:** bringing senior PMO staff on side
- ❖ **August & beyond:** closing the loop with Finance & HRSDC (homelessness)
- ❖ **October 2012** (in camera) cabinet decision to renew HPS mandate
- ❖ **Fall 2012:** bi-lateral transitional \$ negotiated between feds & provinces
- ❖ **March 2013:** HPS policy shift publically announced in budget

– ***“[the budget announcement] to me that was one of the most stunning demonstrations of translational impact of at that point were still interim findings.”***

Critical Influences



- The importance of the AHCS findings
- Framing: the importance of *how* the results were communicated
 - The focus on cost-effectiveness
- Broad resonance of framing within the current political context
- The value of researcher/decision-maker relationships
 - Ownership over the results → motivation to move results forward → advice about how to present the findings
- Timing

Critical Influences



- Key individuals who act as go-betweens mediating/translating between knowledge producers and decision-makers
- Key organizations
 - Mental Health Commission of Canada
 - Canadian Alliance to End Homelessness and other aligned organizations

Lessons Learned



- **What worked well?**
 - **Avoid shaming**
 - **More than 2/3 of the programs continued**
 - **Overall, good fidelity to the Housing First model**
 - **Research findings were important for sustaining programs**
 - **Ongoing IKT and sustainability conversations with local, provincial, and national stakeholders**
 - **Sustainability worked well when it was aligned with local and provincial policy**
 - **Leadership and local partnerships for Housing First were important**
 - **There is a need for ongoing training and technical assistance**
 - **Seizing the window of opportunity to shape policy change**
 - **A lot of patience**